## RICIN AND ABRIN BIOMARKERS IN URINE ANALYSIS REQUEST FORM

Submitter Name:			Submitter Organization:						REAT SEA			
Mailing Address:									State of Idaho Bureau of Labor	atories	3	
City:			State	):	Zip:			2220 Old Penitentiary Rd. Boise, ID 83712				
Phone:			ail Ad	dress:					208-334-2235			TE OF
Secure Fax Number	er:											
Customer		Collec	ction	Collection		Date of	Known	Chem	Symptomatic		ratory Use	
Specimen ID	Collected by	Da		Time	Gender	Birth	Exposure?		Chem Exposure?	Lab Sample #	Bottle Type	Preservative
Special Instructions	_   											
Special Instructions	S:											
This method is used The optimal amount overfill). Samples sh store blank contained	d to measure ricinir t of specimen is at nould be frozen at	least 5   -20 ± 5	mL. Th ⁰C and	ne minimal ar I shipped on	nount requ dry ice. Inc	ired is 1.5 m lude two bla	nL. Accep ank (empt	table s y) cont	pecimen container ainers per lot of sp	s are plastic with	h screw c	ap (do not
LABORATORY USE ONLY	Oh!z			NI	of Dottler / O	omple.		Niconst	har of Complete / Onless		ob 0******	
Temperature:	Snipper	:		inumber	or Bottles / S	ample:		inumi	ber of Samples / Order		ab Order ID	

Received By \_

Revised 11/28/07

Time Received:

Date Received: